

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729378 (0)
1. Corporation Name
THE TRELLISES ASSOCIATION, INC.



Principal Place of Business: **9701 N. NEW RIVER CANAL RD. PLANTATION FL 33324**
Mailing Address: **CUSTOM PROPERTY MGMT 10061 SUNSET STRIP SUNRISE FL 33322**
DCI 2901 SIMMS ST. HOLLYWOOD, FL 33020
DCI 2901 SIMMS ST. HOLLYWOOD, FL.

3. Date Incorporated or Qualified: **04/16/1974**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1655424**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**GOLD COAST PROPERTY MGMT DCI
CUSTOM PROPERTY MGMT 2901 SIMMS ST.
10061 SUNSET STRIP HOLLYWOOD, FL. 33020
SUNRISE FL 33322**

10. Name and Address of New Registered Agent
81 Name: **DCI**
82 Street Address (P.O. Box Number is Not Acceptable): **2901 SIMMS ST.**
83 City: **HOLLYWOOD, FL. 33020**
84 City: **HOLLYWOOD** FL 85 Zip Code: **33020**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Andrew Meyrowitz* **ANDREW MEYROWITZ** 3/26/96
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOWATT, JOHN	1.2 NAME	
STREET ADDRESS	958 MOCKINGBIRD LN, STE 512	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, WILLIAM	2.2 NAME	
STREET ADDRESS	958 MOCKINGBIRD LANE, STE 502	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SONNENBERG, ROBERT	3.2 NAME	
STREET ADDRESS	9703 N NEW RIVER CANAL RD, STE 102	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEEDE, SAM J L	4.2 NAME	
STREET ADDRESS	9727 N NEW RIVER CANAL RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 00000	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

100001798001
-04/29/96--01030--008
***61.25

4.27.96
JA

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *John L Mowatt* **3/25/96**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)